|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trainee Name:** |  | **Designation:** |  | **Department:** |  |
| **Training Title:** |  | **Trainer Name:** |  | **Training Date:** |  |

**\*Test Section:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluation Section** | | | | | | | | | | | | | |
| (Total score) ÷ (Max Score) x 100 = [ ] ÷ [ ] x 100 = [ ] % | | | | | | | | | | | | | |
| Did the employee achieve overall objectives? | | | | Yes | No | | Further training required? | | |  | | Yes | No |
| **Final Remarks by Trainer / Departmental Head about Trainee Performance:** | | | | | | | | | | | | | |
| Out Standing (90% or above) | | | Satisfactory (70-89 %) | | | | Conditional (50-69 %) | | | Unsatisfactory (Below 50 %) | | | |
| Remarks (If any): |  | | | | | | | | | | | | |
| Evaluation done by: | |  | | | | Date | |  | Signature: | |  | | |